

Executive Summary

VA Weight Management Executive Council
Conference Call
July 25, 2005

The VA Weight Management Executive Council met by conference call for two hours on 25 JULY, 2005 with the VA National Center for Health Promotion and Disease Prevention (NCP). NCP Director Steven Yevich, MD, MPH, Chairman, opened the call, reported that the *MOVE!* Program agenda has been moving forward very rapidly and emphasized existing support of top VA leadership. The possibility of hosting a third and final face-to-face meeting of the Council in this calendar year was mentioned although no specific plans were articulated at this meeting.

Results from Feasibility Pilot Study: Results from the first 381 patients in the *MOVE!* feasibility pilot trials were reviewed based on analyses from both NCP and the Yale Weight Management Research Group. The final report from the Yale Group was still pending. The overall mean weight loss reported was approximately 4.7 pounds across the six-month trials, with those patients who participated in Level 2 Group Sessions losing over twice as much weight as those who had "Level 1" Telephone Follow-up only. Patients reported improved eating and exercise habits as well as improved quality of life. Patient satisfaction with the program was very high (95%) as was staff satisfaction. The purpose of these pilot trials focused primarily upon feasibility of the *MOVE!* Program and not on weight loss. The fact that these were not controlled weight loss trials was noted in relation to the overall mean weight loss. Areas of difficulty in implementing the program were reviewed, and all were reported to have been corrected.

MOVE! Early Implementation Status: *MOVE!* is now undergoing Early Implementation in approximately 50 VA sites. Current status of implementation efforts and ongoing program developments were discussed. New program tools and resources include a Quick Start Manual; revision of the *MOVE!23* computerized Patient Questionnaire; multi-node access to the *MOVE!23*; development of a method to transfer web-based *MOVE!23* Patient and Staff reports directly into the VA Computerized Medical Record System; VA intranet and public internet *MOVE!* websites; a comprehensive *MOVE!* Toolkit; development of an extensive web-based staff training package; a draft VA Directive, Handbook, and Program Guide (currently being reviewed in VA Central Office); marketing materials; and the translation of *MOVE!* patient materials into Spanish.

MOVE! Evaluation: The plan for ongoing evaluation of *MOVE!*, which will guide future program refinements and improvements, was reviewed. Data on clinical outcomes and program utilization will be collected via automated databases, and information on other important parameters will be collected using questionnaires from both patients and VA staff.

Partnerships: The VA/DOD Clinical Practice Guidelines for obesity are currently in development. Also, the collaboration between VA and HHS to establish joint projects to address obesity in veterans and their families was discussed.

Council Comments and Suggestions: The Council members had several comments. In addition to laudatory remarks, Council members felt the exercise prescription information was too technical and that a simple "behavioral prescription" form might work better. Similar forms/handouts already present in the *MOVE!* Program materials could be used. A question was raised about whether patients found the *MOVE!23* computerized Patient Questionnaire difficult to complete due to its length or computer-based application. The data from the feasibility trials found no complaints about this from patients, although some patients did require assistance with the use of a mouse or completed a paper version of the questionnaire. The *MOVE!23* Patient Questionnaire has been greatly shortened and simplified in a recent revision. The original length of the Patient Report was well received by patients and thus has been maintained. The Staff Report has been shortened based on feedback

from the field. The use of meal replacements was suggested, and discussion about the numerous problems involved with endorsing specific kinds of diets ensued. The need to have all nutrition materials be consistent with the 2005 Dietary Guidelines for Americans and MyPyramid was also mentioned and noted as an action item. Modification of patient handout materials for specific cultural, ethnic, and special needs groups was suggested and is already planned for the relatively near future. The meeting ended following the open discussion period with a thank you from Dr. Yevich to participants for their guidance/contributions to the *MOVE!* Program.

Executive Council Members

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Consultants

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NCP Staff

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